

Emergency / Medical Treatment Authorization Form.

We ask you to fill out this form, so that, in the very unlikely event that your cat needs emergency medical treatment, while you are away, we will be prepared.

We will first contact YOU and your veternarian. If you or your veterinarian is not available, we will bring your cat to the nearby VCA North Coast Animal Hospital, on Encinitas Boulevard. (we use VCA for our own cats). The Vet will require payment at check-in.

While I am a	nway, Iin veterinary treatment	, for my cat(s) with cl	give permission to CAT-VILLA, at their sole discre- parges not exceeding \$
Should my canarian of its	at require care or treati	ments exceeding this required to stabilize	amount, I authorize CAT-VILLA to have the veterie and maintain my cat's comfort until I can be con-
(If I cannot b	oe reached, I have appoi	nted	
Relationship)	_ Phone #	, to make decisions on my behalf.)
	ee to pay for all veterin ay in this facility.	ary and other necess	ary services incurred by and for my cat(s)
Please give u	ıs any specific instructi	ons regarding emerg	ency treatment or care for your cat(s):
I authorize C I am away.	CAT-VILLA to use my d	ebit or credit card as	s payment for emergency veterinary services while
	Visa/MasterCard #		Exp. Date
	(CAT-VILLA will keep	this information pr	ivate and secure).
	ent will remain in effec a member of the CAT-		my cat(s), until changed in writing by myself and
Signed			Date
Cat-Villa Sta	aff		Date